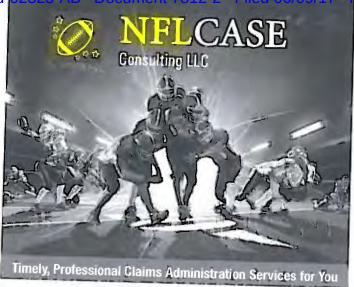
Exhibit B

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Today's complex claims environment demands that you partner with experienced professionals you can bust who have 60+ years of experience.

Our team has the experience, technology and dedication to service even the most complex claims. We represent your needs and will determine your eligibility and maximize your claim value to the fullest extent possible.

You may not be aware, but your eligibility and potential claim value could be greatly reduced without a professional review from a team that can navigate the complexities of these complex set the ments on your behalf.



- Personal Injury threaty evaluations
- · Accounting experts
- a Lauri exterbse
- Copyril medical and neurological consumusa

Why Choose NFL CASE Consulting, LLC

- NFL CASE has direct experience dealing with the couclappointed administrators of the NFL Concussion Settlement
- NFL CASE will ensure your case is properly and timely registered to avoid ineligibility
- NFL CASE will ensure all requirements for documentation and digibility are met
- NFL CASE with monitor your case over the settlement life and
 assist with tinancing of remained.





NFL Case Consulting LLC

600 Brickell Ave. 19th floor Miami, FL 33131

he National Football League ("NFL") and NFL Properties, LLC (collectively, "NFL Parties") have agreed to a Settlement of a class action lawsuit seeking compensation for brain injuries and specific related diseases and disorders caused by head impacts experienced in NFL football. The Settlement Class includes all retired players of the NFL, American Football League ("AFL"), World League of American Football, NFL Europe League and NFL Europa League, as well as authorized representatives of deceased, legally incapacitated or incompetent retired players and family members of retired players who meet certain criteria.

The Settlement will provide eligible retired players with 1) baseline neuropsychological and neurological exams to determine if retired players are a) currently suffering from any neurocognitive impairment, including impairment serious enough for compensation, and b) eligible for additional testing and/or treatment (\$75 million); 2) Monetary awards for diagnoses of ALS (Lou Gehrig's disease), Parkinson's Disease, Alzheimer's Disease, early and moderate Dementia and certain cases of chronic traumatic encephalopathy (CTE) (a neuropathological finding) diagnosed after death. The maximum monetary awards range from \$1.5 million to \$5 million depending on the diagnosis, number of seasons played, and age at the time of diagnosis. There is no cap on the amount of funds available to pay these Monetary Awards and all valid claims will be paid in full for 65 years; and 3) Education programs promoting safety and injury prevention with respect to football players, including safety-related initiatives in youth football, the education of retired players regarding the NFL's medical and disability programs and other educational programs and initiatives (\$10 million).

Authorized representatives of deceased, legally incapacitated or incompetent retired players and family members of retired players who meet certain criteria may also file claims for monetary awards.

APPLICANT INFORMATION:

Name		
Social Security Number		_
Email Address		
Home Address		
Ciry/State/Zip		-
Phone Number	19	
Date of Birth		

Player information:

Player Name	
Player Date of Birth	
Player Social Security Number	

"CONSULTANT" FOR THE WORK PERFORMED DURING THAT TIME. IF THE "CONSULTANT" HAS ADVANCED FUNDS TO OTHERS IN REPRESENTATION OF THE CLIENT, THE "CONSULTANT" IS ENTITLED TO BE REIMBURSED FOR SUCH AMOUNTS AS THEY HAVE REASONABLY ADVANCED ON BEHALF OF THE CLIENT.

If Client terminates the contract following the Consultant having prepared their work product and or delivered same to the Client's attorney, the Consultant shall be entitled to fees specified in paragraph 5 of the contract and the Consultant will provide an invoice for all fees due. Consultant may withdraw at any time during the representation in this matter, but shall not assert an interest in the outcome upon withdrawing as "Consultant".

AGREED:	
Name:	
Signature:	
Address:	
Address:	
Phone:	and the second
Email:	
Signed for by:	
NFL Case Consulting LLC	
Printed Name:	
Phone:	





HIPAA Privacy Authorization Form

**Authorization for Use or Disclosure of Protected Health Information
(Required by the Health Insurance Portability and Accountability Act, 45 C.F.R. Parts 160 and 164)**

1. Authorization

2. Effective Period

This authorization for release of information covers the period of healthcare from:

All past, present, and futureperiods.

3. Extent of Authorization

I authorize the release of my complete health record (including records relating to mental healthcare, communicable diseases, HIV or AIDS, and treatment of alcohol or drug abuse).

- 4. This medical information may be used by the person I authorize to receive this information for medical treatment or consultation, billing or claims payment, or other purposes as I may direct.
 - 5. This authorization shall be in force and effect indefinitely.
- 6. I understand that I have the right to revoke this authorization, in writing, at any time. I understand that a revocation is not effective to the extent that any person or entity has already acted in reliance on my authorization or if my authorization was obtained as a condition of obtaining insurance coverage and the insurer has a legal right to contest a claim.
- 7. I understand that my treatment, payment, enrollment, or eligibility for benefits will not be conditioned on whether I sign this authorization.
- 8. I understand that information used or disclosed pursuant to this authorization may be disclosed by the recipient and may no longer be protected by federal or state law.

Agreement for Consultant Services

This agreement is entered into this ____ day of ____, 2017 by and between:

("Client") and NFL Case Consulting, LLC ("Consultant").

The agreement covers consultant services to be provided as between the parties except where otherwise stated. Whereas Client wishes to retain the services of Consultants to provide consultant services on various claims of its customers, the parties hereby agree as follows:

- Consultant is not a law firm and will not provide legal services. Consultant is independent of any agreement or relationship between Client and Client's attorney, if any.
- 2. If Client retains an attorney, Consultant will cooperate with the retained attorney ("Attorney") in pursuit of Client's claims.

3. The services to be provided by "Consultant" shall be:

- a. To provide assistance to Client and attorney(s) in preparation of filing documentation wherever necessary in order to "assess" the neurological damage claims related to the NFL Concussions Settlement.
- b. To provide a calculation of damages in the pursuit of the above mentioned claim including the use of both internal and external resources as necessary for preparation of the claim as per the fee amount set below herein.
- c. Where any expert opinion may be required, the Consultants agree to cooperate as necessary in such investigation and the Consultants will not undertake any such investigation without specific approval of the investigation and costs from attorney(s) and Client.
- d. To maintain a file of all documentation and reports developed in the course of assessing the damage claims.
- e. To be available for any discussions or meetings between the Client and attorney(s) as necessary for the settlement of the damage claim of Client.

4. Services specifically not provided by Consultants:

Services not included in the scope of this agreement include any expert professional services such as laboratory services, medical or hygienist services, or neurological testing services. Consultant will not retain experts except with consent of Client and their attorney(s). Consultant will advance the costs of such services to the claimant and the costs will be deducted out of any award the claimant will receive.

5. Fees:

Consultant agrees to provide an invoice for Client indicating the charges for its services for Client upon conclusion of the claim in the amount of 15% of the gross recovery plus any and all costs incurred if the client has his medical testing conducted independently of the settlement as the reasonable fees for services rendered above and in addition to any fees the client has contracted to pay his attorney. Consultant agrees that fees are contingent and payable only upon the successful payment to the Client of a recovery for their claim.

6. Payment of fees:

Client hereby authorizes and instructs any attorney or attorneys that Client retains or has retained to represent Client regarding the claim(s) covered by this agreement to pay Consultant its fees pursuant to invoices presented to the attorney from Consultant, directly from the Claim(s) settlement, award, and/or judgment proceeds, without the further approval of Client, provided that the fees paid to Consultant shall not exceed 15% of gross Claim(s) proceeds.

7. Protection of confidential information:

In view of the fact that Consultant will be working in close contact with many confidential affairs of Client, including matters of a medical nature and any other information not readily available to the public, Consultant agree to keep secret all confidential matters. If Client retains an attorney, Client specifically authorizes Consultant to communicate and disclose confidential information to Client's attorney.

THE UNDERSIGNED CLIENT ACKNOWLEDGES, BEFORE SIGNING THIS CONTRACT THAT HE/SHE HAS READ THE AGREEMENT, AND UNDERSTANDS EACH OF THE TERMS SET FORTH THEREIN. THE UNDERSIGNED CLIENT HAS SIGNED THE AGREEMENT AND RECEIVED A SIGNED COPY TO KEEP TO REFER TO WHILE BEING REPRESENTED BY THE UNDERSIGNED "CONSULTANT".

THIS CONTRACT MAY BE CANCELLED BY WRITTEN NOTIFICATION TO THE "CONSULTANT" AT ANY TIME WITHIN 3 BUSINESS DAYS OF THE DATE THE CONTRACT WAS SIGNED, AS SHOWN BELOW, AND IF CANCELLED THE CLIENT SHALL NOT BE OBLIGATED TO PAY ANY FEES TO THE



Total Years Played	
Teams Played For	
Number of Seasons Played	
Opted Out of Concussion Settlement (Y/N)	

Additional Required Documentation (1):

Driver's License (✓)	
NFL Player card (✓)	
HIPPA Release (✓)	

If a claim based on death with CTE, full estate paper work documenting the administrator/executor of the estate, a copy of the will and estate tax filing, and the autopsy report of the deceased.

Client/Applicant Authorization and Verification of Claim Information:

I hereby authorize the release of medical information from my primary physician, any health care provider, or any health insurance company to NFL Case Consulting, LLC. This information may be reviewed and considered with regard to this Application in the pursuit of compensation for brain injuries and specific related diseases and disorders allegedly caused by head impacts experienced in NFL football, now or in the future. I authorize NFL Case Consulting to undertake steps necessary to register myself as a Claimant by 8/7/17 and eventually submit a claim on my behalf should I develop brain injuries or specific related diseases and disorders allegedly caused by head impacts, as required MDL No. 2323. A photographic or electronic copy of this signed authorization is deemed to be the equivalent of an original authorization. Applicant hereby verifies under the penalty of fraud that all information provided in this application or in connection with any service agreement is and shall be true and accurate to the best of my knowledge. I acknowledge that Justice Funds LLC is relying on the truth and accuracy provided in this application.

Printed Name of Applicant:
Date:



Signature of patient or personal representative
Printed name of patient or personal representative and his or her relationship to patient
Date